

Senate Bill 0255

Public Health – Home– and Community–Based Services for Children and Youth

Finance Committee

February 14, 2022

TESTIMONY IN SUPPORT

I represent Arrow Child & Family Ministries, a multi-service non-profit that serves over 500 vulnerable youth and families in Maryland each year, some who have entered child welfare and others who are at risk of out-of-home placement.

Maryland continues to be in a youth mental health crisis. As a result of the rising needs for mental health treatment and the lack of treatment options, we have seen a huge increase in young people stuck in emergency departments, waiting for psychiatric hospital beds and youth in inpatient settings with no where to go. As of February 6, 2023, there are currently six available psychiatric beds for adolescents and zero for children. Many families are desperate for help for their children. In Arrow’s residential programs, we are seeing teens new to foster care who are entering due to unmet mental health needs that have overwhelmed their families. The child welfare system has its own placement crisis. The Baltimore Banner has documented this crisis and the impact on youth and their families.

This problem has many causes-- the reduction of residential treatment program and therapeutic group home beds, overreliance on child welfare services to meet mental health needs, and the lack of primary mental health care-- but the lack of intensive care coordination and high intensity mental health services for families plays a huge part. There is a huge gap between outpatient mental health care and out of home care. Wraparound services and hospital diversion programs like the 1915i have been allowed to atrophy or dissolve entirely, so families of youth with intensive needs have virtually no options.

This year, Arrow launched Family Centered Treatment (FCT), a highly effective, evidence-based family therapy model that has prevented family dissolution for over 25 years. FCT is intended to be the evidence-based service of choice for Maryland’s Intensive In Home Service program, funded by Medicaid. Arrow currently provides this service to families though funding from the Department of Human Resources, as an aftercare service though our Qualified Residential Treatment Programs and a grant though Harford County. While we recently got approved to provide the same services though Medicaid, the rate to provide the service is about two-thirds of what it costs Arrow to deliver the service. In addition to the rate being too low, very few families meet the requirements for authorization for the services through Medicaid. Last year, only 30 youth received the service statewide. The combination of low rates and low utilization makes a viable business model impossible under Medicaid. What this means is that we have made this highly effective family preservation service primarily accessible only after a child has been removed from the home instead of using it to stabilize families and keep them together.

While services like FCT, or the other models named in this bill look expensive compared to outpatient mental health services, it is significantly less expensive than hospital or RTC stays. Based on the rate Arrow was awarded by the IRC, the per day cost is less than 15% of the cost to place a child in Arrow's Qualified Residential Treatment Program. By not providing intensive, community-based interventions, we are increasing the number of youth who need out of home care, resulting in more families broken up, worse long-term outcomes for youth and costing Maryland taxpayers more in the long run. For these reasons, **Arrow Child & Family Ministries asks this committee to pass SB255.**



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